

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000029524 (3)

1. Corporation Name

BAYSIDE TRAVEL CORPORATION



Principal Place of Business

Mailing Address

100 EXECUTIVE WAY  
SUITE 108  
PONTE VEDRA BEACH FL 32082

794 SANDPIPER LANE  
PONTE VEDRA BEACH FL 32082  
US

04/20/94

3. Date Incorporated or Qualified

04/10/1994

3a. Date of Last Report

03/27/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 180 WATER OAK DRIVE

22 City & State 27 Suite, Apt. #, etc.

23 City & State 28 PONTE VEDRA, FL

24 Zip 25 Country 29 32082 30 USA

4. FEI Number

59-3236380

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MACDONALD, KEITH R  
100 EXECUTIVE WAY  
STE 108  
PONTE VEDRA BEACH FL 32082

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME MACDONALD, DOROTHY H.  
STREET ADDRESS 794 SANDPIPER LANE  
CITY-STATE-ZIP PONTE VEDRA BEACH FL

1.1 TITLE P/D ☒ Change ☐ Addition  
1.2 NAME MACDONALD, DOROTHY H.  
1.3 STREET ADDRESS 180 WATER OAK DRIVE  
1.4 CITY-STATE-ZIP PONTE VEDRA, FL 32082

TITLE D ☐ DELETE  
NAME MACDONALD, KEITH R.  
STREET ADDRESS 794 SANDPIPER LANE  
CITY-STATE-ZIP PONTE VEDRA BEACH FL

2.1 TITLE V/T/S/D ☒ Change ☐ Addition  
2.2 NAME MACDONALD, KEITH R.  
2.3 STREET ADDRESS 180 WATER OAK DRIVE  
2.4 CITY-STATE-ZIP PONTE VEDRA, FL 32082

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Keith R MacDonald KEITH R. MACDONALD

1-22-96

904-285-9200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)